

The Picture of Health



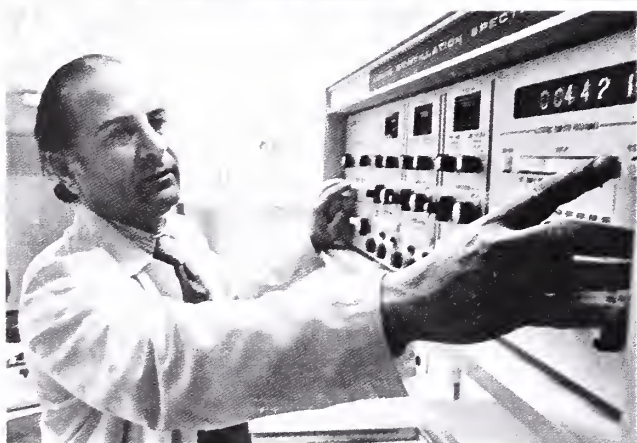


For nearly a century and a quarter St. Luke's and Woman's Hospitals have been rendering health care to the sick, helping to discover new ways to prevent or cure disease and teaching the healing art to generations of physicians, nurses and health care workers.

The Hospital Center touches the lives of thousands of people each year, enabling them to enjoy the fruits of the healthy life. Untold thousands are 'the picture of health' because of a 123-year-old commitment to excellence by the men and women of the Hospital Center.

This annual report illustrates St. Luke's continuing investment in caring and the resulting harvest of health.





Organ transplantation, preservation of donor kidneys by perfusion and the search for antigens to help patients cope with the organ rejection process reflect the university hospital spirit. The establishment of an Alisa Mellon Bruce Professorship, St. Luke's first endowed chair, gave impetus to organ studies at all Columbia-related hospitals.

An Interesting and Trying Year

Hospitals across the country are finding it increasingly difficult to secure adequate financing to maintain the quality of medical care that they must provide. St. Luke's is one of those hospitals. I had hoped that at least once during my tenure as President of St. Luke's I might not be required to put such stress on finances; that I might talk more about the great quality of professional service that St. Luke's continues to insist on; that I might discuss the hospital's long-term plans in its ever increasing concern for both medical care and for its constituents. Obviously, both of these matters are of real importance to us as we continue on our way. However, it is becoming increasingly evident that without a solution reasonably soon to the problem of financing, St. Luke's and other hospitals may well find it necessary to seriously curtail their services to the community. So that the gravity of the situation may be clearly understood, a report was made recently to the Trustees showing that the accumulated final deficits for the past five years have amounted to \$11,500,000. These deficits have been financed by loans and by drawing on unrestricted legacies that the Hospital received in earlier years and invested. Now, we are reaching the end of the resources. We do not yet see what lies beyond. Paradoxically enough, the cause of the financial problem lies in the insistence of St. Luke's that it must provide quality ambulatory medical care for its constituency. It is safe to say that the largest proportion of the operating deficit has been caused by this service which is called upon to meet and care for not only those who can afford to pay, but also the large number of working poor who need the services. Unless some solution is forthcoming soon, either through the reworking of the third party payers formula or through comprehensive health insurance, the time may come

sooner than we wish that we would have to take action with respect to ambulatory care. This is a fact that many associated with hospitals wish to avoid discussing. I happen to believe that an important ingredient in getting at solutions is to lay out the facts.

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Another concern of those associated with the operation of hospitals is the increase of federal regulation and supervision. In our discussion of this problem, we must not blink at an important fact; the federal government is paying out billions of dollars in federal funds to finance health care. It seems to me reasonable to expect that the financing agency would insist on developing guidelines and instructions to help insure the quality of medical care. The problem has to do, of course, with excesses. I hold that the appropriate posture of hospitals in these circumstances should be, therefore, to insist on making their professional input in helping to develop the regulations. Too often, the professional adopts an adversary role from the beginning and this is, of course, counter productive. We should expect, through our representatives, Trustees, Administrators and Doctors, to make some constructive effort in the direction of reasonable and viable guidelines. This is so important, for it is clear that federal health insurance will shortly be a fact of life. How hospitals and medical associations use their influence and to what purpose, will determine to a large degree what kind of legislation we get.

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St. Luke's had a new experience this year. It suffered the first employee strike in its history. The tragedy of the strike was that the Hospital and its patients were made to suffer because

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of a quarrel between the union and the Cost of Living Council. While there was a monetary loss both to the Hospital and the strikers, the experience served to bring about a tremendous increase in the morale of those who had to cope with the problem. The Trustees can never repay their debt of gratitude to the loyal band of volunteers who moved in to help out and the employees who worked above and beyond the call of duty so that the sick might be ministered to. There are other organized groups now in the Hospital. It is our hope that we may soon find the optimum working relationship that will make strikes unnecessary.

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Hardships and difficulties never come singly. Just at the time that St. Luke's was undergoing its first strike, its Executive Vice President, Mr. Charles Davidson was out of service for several months due to illness. Fortunately for St. Luke's, Mr. Gary Gambuti was on hand to step in and take on the onerous responsibilities of the chief administrative office. The Trustees have already expressed their appreciation to Mr. Gambuti for his leadership, but I wish to do so again here. He, as we knew he would, had the complete cooperation of the Hospital staff during these times. We are pleased that Mr. Davidson is now back in harness.

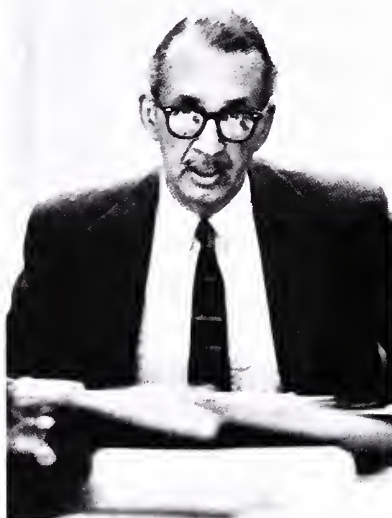
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These have been difficult times, I am sure, for the dedicated medical staff of the Hospital. They have as a

primary concern the quality of medical care at St. Luke's. It is on this care that the national reputation of St. Luke's has been built. It has been a source of some distress to the Trustees and Administration that it has not been possible to provide financing for some functions and services because of inadequate financial resources. We know that the medical staff understands and we appreciate their understanding. We look forward to the day when we can do all of the things that need doing to keep the quality of medical care high.

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Finally, I hope that the time will soon come when we will be able to develop a sophisticated communication program with the community in which we operate. Of course, the first critical chore is to define the community and the leadership. Through various means we are made continually aware of the community's needs, hopes and aspirations. I am not sure that we are getting across to the community just what our problems, concerns and priorities are. The sooner we do this, the better.

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St. Luke's lost a great and good friend this year in the passing of a long-time Trustee, Mr. Huntington Babcock. Over a period of thirty years he contributed his wisdom to help us in many ways. We shall miss him very much.

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Again, I am honored to be associated with St. Luke's as its President. My thanks go to all of those who helped in some way to keep within reasonable limits the creative tensions that must exist in such an institution as this. It is through such creativity that we learn and grow. ■



William J. Trent Jr.



St. Luke's has been a pioneer in the use of ultrasonics as a diagnostic tool for obstetrics. In 1973 a number of other medical disciplines were able to call on the ultrasound division as its diagnostic capabilities reached new levels of sophistication.





St. Luke's emergency suite and nearly fifty clinics had more than a quarter million patient visits in 1973. The Hospital Center's diverse ambulatory care services are among the busiest in the City. An additional 64,000 visits were made to the St. Luke's Neighborhood Health Services Program location on West 100 Street.

An Alliance for Progress—and Survival

At most hospitals, unity of purpose and family spirit have long been a hallmark of their internal workings. Now, the same sense of common cause and harmony is emerging throughout the hospital industry. Though there are more than three thousand of them in the country and more than a hundred in New York City alone, the voluntary hospitals historically functioned independently of one another. They usually stressed their own uniqueness, served their own constituencies and created their own level of excellence.

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While associations of hospitals have existed for many years, and occasionally hospitals joined forces temporarily to champion important issues, the sovereignty of the individual institution remained paramount. But, in recent years, the catholicity of problems faced by voluntary hospitals gave birth to the concept of industry-wide solutions and the growth of mutual interest groups within the industry. Urban hospitals, university hospitals, institutions serving underprivileged communities—these and other hospital problem-sharers are joining hands for the common good.

It may be that there are still too many voices claiming to represent the industry and, perhaps, there are still too many differences in kind among hospitals to allow a truly strong alliance of health care providers. Nevertheless, in the face of mounting problems, diminishing fiscal resources and increasing demand, the voluntary hospitals find that cooperation and suppression of self interest may be the means to survival—and the means to provide optimum health at reasonable cost to the public.

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St. Luke's was unionized and struck in 1973. State funding formulae are crippling the Hospital Center. Federal

research and teaching moneys are in eclipse. Professional associations are mobilizing to negotiate working conditions, and to define areas of authority. These phenomena are being experienced by our sister hospitals in the City and elsewhere. Hospital managers find themselves incapable of resolving management dilemmas on an independent basis.

For these reasons, St. Luke's has taken a progressively active part in the work of the Greater New York Hospital Association, the Hospital Association of New York State, the League of Voluntary Hospitals, the American Hospital Association, the Council of Teaching Hospitals of the American Association of Medical Colleges, the American Protestant Hospital Association and other industry groups. Some would argue, and I would agree, that these spokespersonship groups must be consolidated further if the industry's voice is to be clearly heard in the corridors of power and at the bar of public opinion.

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During 1973, we joined with a variety of sister institutions locally and throughout the State, in several law suits and appeals against third party payors to seek more equitable treatment in our reimbursement formulae. We have joined in these adversary actions in order that some relief from the financial problem may be found.

Through competent representatives, the hospital community is communicating directly with the Congress and the Federal administration. In Albany, too, we are supporting association efforts to bring about reasonable legislation and interpretation. One of the industry's goals for New York is the establishment of a Health Services Commission, which would have the

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central, comprehensive responsibility for the State's health care policies. Currently, no single agency sets and administers policy and a number of conflicts of interest arise. The State, for instance, purchases health services from the same providers whose revenues it also regulates. No formal mechanism exists for the inclusion of provider or consumer views in policy determination; and no standard appeal apparatus is available. State agencies frequently change regulations, thus hampering long-range planning. Often, changes in policy are not uniformly applied across the State. Because the decision making responsibility is fragmented, New York is unable to establish Statewide health care goals. A Health Services Commission, or some similar agency, might restore harmony to the health care network of the Empire State. Such a

commission, as envisioned by hospital leaders would include consumer, governmental and industry members.

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For too long the evolution of forward thinking plans at St. Luke's has been deferred because we are struggling to survive. As they begin to act with single purpose, the voluntary hospitals will contribute to a useful dialogue so that a smoothly functioning health care network can be a reality in this decade, and so that St. Luke's can put its own plans into action. These plans will be so coordinated that our own needs dovetail with the requirements of the community and the region.

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Labor problems, an aging physical plant and the persistent shortage of dollars all made 1973 a rather somber year. For part of the year I was away from my desk for health reasons. Fortunately, my associates and their staffs were more than equal to the task. My senior administrative colleague, Gary Gambuti, and his chief lieutenants, F. Dennis Harrington, Edward A. Messier and Evelyn M. Peck should be singled out. The diligence of our medical and nursing people in finding new answers to old problems was a source of pride for me. As always, the support and interest of the trustees was given in full measure.

Most importantly, St. Luke's contributed more than its share to the good health of the many thousands who sought care here in 1973. ■



Charles W. Davidson

Our Benefactors
Our Finances
Our People



Giving '73

St. Luke's development office received some \$2.5 million in 1973. Included were a half million dollars from the estates of the late trustee F. Huntington Babcock. Some \$190,000 was donated through the "Christmas to Christmas" annual mail appeal in December.

A number of foundations, national charitable organizations, the United Fund, the United Hospital Fund and more than two thousand individual donors gave generously. As always, the giving spirit was best exemplified by the volunteers, including the trustees and the members of St. Luke's Auxiliary and the Woman's Assistant Board, who joined with the physicians and other staff members who were responsible for so many being the "picture of health" in 1973.

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Following are the names of many of the generous friends of the Hospital Center who have contributed to the support of the various special needs of St. Luke's and Woman's. Individual benefactors of one hundred dollars or more are listed by name. While space does not permit the listing of the many contributors of smaller amounts, our appreciation is nonetheless great. That the Hospital Center has been able to maintain its high standards of patient care is due largely to the continued interest and loyalty of all contributors.

The Board of Trustees, on behalf of the professional staffs and all the Hospital Center personnel gratefully acknowledges this financial assistance.

Gifts were given in memory of the following:

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Finances '73

For the third consecutive year, St. Luke's incurred a severe fiscal setback. A loss of \$3.4 million was suffered, including an estimated \$300,000 loss due to an eight-day strike by hospital workers in November. The losses are attributed to Federal and State governmental regulations controlling the majority of hospital revenues. Regulated payment rates bear no relationship to the cost of providing services necessary to meet the health needs of patients.

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 Also in 1973, the Hospital Center's return on investments shared in the general economic decline.

In all, the Hospital Center spent \$53.4 million for operational requirements. The figure was within the planned administrative budget. Revenues of all kinds, however, were \$50 million. Appeals for financial relief and pending litigation with third party payors may eventually reduce the estimated loss.

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 Copies of the detailed auditor's statement are on file at the Hospital Center.

St. Luke's Hospital Center
Balance Sheet

Assets	December 31,	
	1973	1972
UNRESTRICTED		
CURRENT ASSETS:		
Cash	\$ 809,363	\$ 913,378
Marketable securities (quoted market—\$86,000 in 1973 and \$607,000 in 1972)	101,133	640,028
Accounts receivable for services to patients, less allowance for uncollectible accounts of \$3,965,000 in 1973 and \$3,225,000 in 1972	7,590,093	7,559,755
Pledges receivable	—	41,197
Other receivables	594,661	1,109,407
Inventories of materials and supplies—at cost	490,564	406,681
Prepaid expenses	71,304	83,714
TOTAL CURRENT ASSETS	<u>9,657,118</u>	<u>10,754,160</u>
OTHER ASSETS:		
Cash	343	—
Marketable securities (quoted market—\$2,667,000 in 1973)	3,010,851	—
Property, plant and equipment—at cost, less accumulated depreciation	34,038,891	34,365,503
Construction in progress	222,374	838,081
	<u>37,272,459</u>	<u>35,203,584</u>
	<u>\$46,929,577</u>	<u>\$45,957,744</u>
RESTRICTED		
SPECIFIC PURPOSE FUNDS:		
Marketable securities (quoted market—\$267,000 in 1972)	\$ —	\$ 284,045
Grants receivable	567,008	934,841
Due from unrestricted funds	2,965,595	2,097,152
	<u>\$ 3,532,603</u>	<u>\$ 3,316,038</u>
PLANT REPLACEMENT FUND:		
Cash	\$ 439	\$ 579
Marketable securities (quoted market—\$4,376,000 in 1973 and \$650,000 in 1972) ..	3,854,958	650,000
Due from unrestricted funds	389,539	3,033,152
Due from endowment funds	—	2,145,136
	<u>\$ 4,244,936</u>	<u>\$ 5,828,867</u>
ENDOWMENT FUNDS:		
General and restricted endowments:		
Cash	\$ 77,523	\$ 93,404
Marketable securities (quoted market— \$29,041,000 in 1973 and \$37,211,000 in 1972)	20,589,198	23,597,899
Real estate investment—at cost, less accumulated depreciation	788,602	813,763
Cash surrender value of life insurance	127,800	105,600
Due from unrestricted funds	3,030,912	715,586
	<u>24,614,035</u>	<u>25,326,252</u>
The A. Van Horne Stuyvesant Memorial Fund:		
Cash	720	567
Marketable securities (quoted market— \$6,575,000 in 1973 and \$7,452,000 in 1972)	6,323,252	6,354,388
Property, plant and equipment—at cost, less accumulated depreciation	2,173,990	2,237,929
	<u>8,497,962</u>	<u>8,592,884</u>
	<u>\$33,111,997</u>	<u>\$33,919,136</u>

Liabilities and Fund Balances

December 31,	
1973	1972

F U N D S

CURRENT LIABILITIES:

Note payable	\$ 2,000,000	\$ —
Current instalment of long-term debt	25,000	25,000
Accounts payable	2,067,137	2,401,892
Accrued salaries and payroll taxes	1,078,736	1,222,876
Accrued pension costs	84,429	79,868
Other accrued expenses	740,720	415,948
Due to restricted funds	3,355,134	2,814,978
TOTAL CURRENT LIABILITIES	9,351,156	6,960,562

LONG-TERM DEBT

Loan payable	250,000	275,000
Due to restricted funds	3,030,912	3,030,912
TOTAL LONG-TERM DEBT	3,280,912	3,305,912

FUND BALANCES:

General fund	436,309	1,418,667
Board designated fund:		
Unrestricted reserve	1,876,726	1,876,726
Other unrestricted	3,023,277	2,458,933
Plant fund	28,961,197	29,936,944
TOTAL FUND BALANCES	34,297,509	35,691,270
	\$46,929,577	\$45,957,744

F U N D S

SPECIFIC PURPOSE FUNDS:

Fund balances:

Unexpended income from restricted endowment funds	\$ 941,326	\$ 783,742
Unexpended donations for designated purposes	2,591,277	2,532,296
	\$ 3,532,603	\$ 3,316,038

PLANT REPLACEMENT FUND:

Fund balance	\$ 4,244,936	\$ 5,828,867
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ENDOWMENT FUNDS:

General and restricted endowments:

Due to plant replacement fund	\$ —	\$ 2,145,136
Fund balances:		
General endowment funds	15,186,611	15,048,483
Restricted endowment funds	7,172,650	6,088,671
Restricted donations functioning as endowments	2,254,774	2,043,962
	24,614,035	25,326,252

The A. Van Horne Stuyvesant Memorial Fund:

Fund balance	8,497,962	8,592,884
	\$33,111,997	\$33,919,136

St. Luke's Hospital Center
Statement of Revenues and Expenses

	Year ended December 31,	
	1973	1972
PATIENT SERVICE REVENUE:		
Inpatients	\$39,915,452	\$38,423,368
Clinic and emergency room patients	7,630,680	7,063,183
Private ambulatory patients	584,957	490,747
Home care patients	211,972	134,674
Newborn	932,228	956,250
	<u>49,275,289</u>	<u>47,068,222</u>
Less:		
Contractual allowances	2,736,033	4,830,948
Other allowances	2,444,976	2,156,934
Provision for uncollectible accounts	1,740,000	1,470,000
	<u>6,921,009</u>	<u>8,457,882</u>
Net patient service revenue	<u>42,354,280</u>	<u>38,610,340</u>
OTHER OPERATING REVENUE:		
New York City Ghetto Medicine appropriations	884,802	835,348
New York City Community Mental Health Board	305,033	376,415
Cafeteria and hospitality shops	425,773	430,617
Rents and commissions	401,760	450,407
Expenses recovered from other funds	2,819,078	2,798,369
Columbia University Clinic	128,408	141,516
Other	266,504	236,818
	<u>5,231,358</u>	<u>5,269,490</u>
Total operating revenue	<u>47,585,638</u>	<u>43,879,830</u>
OPERATING EXPENSES:		
Salaries and wages	32,958,595	30,340,621
Supplies and expenses	17,900,421	15,538,423
Depreciation	2,325,496	2,200,366
Interest expense	212,590	339,301
	<u>53,397,102</u>	<u>48,418,711</u>
Loss from operations	<u>5,811,464</u>	<u>4,538,881</u>
NONOPERATING REVENUE:		
Income from invested funds	1,430,029	1,509,395
Contributions for general purposes	381,202	504,047
Legacies for general purposes	671,649	830,211
Gain/(loss) on sale of securities	(76,453)	585,099
Miscellaneous	—	13,141
	<u>2,406,427</u>	<u>3,441,893</u>
EXCESS OF EXPENSES OVER REVENUE	<u>\$ 3,405,037</u>	<u>\$ 1,096,988</u>

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Alexander Caemmerer, Jr.
John M. Cotton
Eugene B. Feigelson
William Goldfarb
Clarice J. Kestenbaum
Samuel C. Klagsbrun
David M. MacDonald
Robert Michels
John A. Milici
Bernard L. Pacella
George O. Papanek
Harry Reiss
Charles P. Wilson

Associate Attending Psychiatrists

Frederic A. Alling
Ralph Colp, Jr.
Richard C. Conroy
Victor D'Arc
Willard S. Kahn
E. Arthur Livingston
Jean T. Munzer
Samuel F. Thomas
Melvin M. Udel
Lawrence J. Van der Mey
Adolfo Zier

Assistant Attending Psychiatrists

Gail B. Allen
Martin Asnis
Hector R. Bird
Hugh F. Butts
James J. Cadden
Irene Chiarandini
Alfonso Corrales
Nathaniel Donson
James H. Egan
A. David Etes
Willard M. Gaylin
Edward E. Gilmour
James G. Katis
Gerald Kleinerman
Naomi Leiter
David Y. Levine
Eugene J. Mahon
Eli C. Messinger
Sirgay Sanger
Bernardo S. Scheimberg
Eleanor S. Schuker
Ira B. Silverstein
William G. Sommer
John A. Sours
Henry I. Spitz
Martha C. Troutman
Harvey Lee White

Acting Assistant Attending Psychiatrists

Kenneth M. Berc
Carlos Diaz-Matos
Mark R. Mankoff
Gerda H. Strika

Research Associates

Herbert M. Hendin
Daniel N. Stern

Clinic Assistants

Victor Goldin
Michael N. Merkin

Clinic Assistant with Courtesy Privileges

Carlotta L. Schuster

Courtesy Privileges

Marcia L. Alexander
Thomas J. Craig
George E. Daniels
Jerome E. Haber
James W. Howard
Lothar B. Kalinowsky
Edward Kaufman
David Thurber Read
Herbert Spiegel

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Adam Munz, Ph.D.
Mr. Jerome Skapof
Alberta B. Szalita

Rehabilitation Medicine

Director

Shyh-Jong Yue

Consulting Physiatrist

Victor A. Ribera

Attending Physiatrist

Shyh-Jong Yue

Associate Attending Physiatrist

Lucille Tsu Pai

Assistant Attending Physiatrists

Dong W. Cho
Michael I. Jacobson
Ravi R. Malpe

Radiology

Director

Nathaniel Finby

Consulting Radiologists

Samuel J. Beranbaum
Herbert F. Hempel
Harold W. Jacox
Ernest Kraft
Samuel Madell
Rieva Rosh
William B. Seaman

Attending Radiologists

Kuo York Chynn
Nathaniel Finby
Samuel D. Hemley
Virginia Kanick
Richard D. Kittredge
Leonard B. Liegner

Associate Attending Radiologists

Ina Ruth Altman
Lajos I. vonMicsky
Efthmios C. Spyropoulos

Assistant Attending Radiologists

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John T. Hsu
Steven Lunzer
Mary Ann Radkowski
William I. Shaw

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Mr. Morris Hodara
Robert A. Phillips, Ph.D.

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Russell W. Lavengood, Jr.

Consulting Urologists

John W. Draper
John A. Taylor

Attending Urologists

Manuel Fernandes
Eugene L. Hoch
Russell W. Lavengood, Jr.
Waleed G. Maloof
Constantine Photos
Joseph N. Ward

Assistant Attending Urologists

Alfred F. Fretz
Joseph D. Putignano
Rudolph D. Talarico
Pellegrino J. Tozzo

House Staff

(All M.D. unless otherwise indicated)

Medicine

Chief Resident:
Carlton Boxhill

Fellows:
Rudolph E. Angeli
(Cardiology)
Huo Chen
(Pulmonary Diseases)
Susan W. Forlenza
(Allergy & Immunology)
Thomas J. Keenan
(Cardiology)
Shinna Kim
(Metabolism & Nutrition)
Robert Lombardo
(Gastroenterology)
Robert Moskowitz
(Cardiology)
Swaminathan Natarjan
(Nephrology)
Peter Ng
(Gastroenterology)
Alfred Randall
(Cardiology)
Jean Saleh
(Metabolism & Nutrition)
Malcolm S. Schoen
(Gastroenterology)
John Thomas
(Gastroenterology)
Joseph Tricarico
(Pulmonary Diseases)
Maria Zacharopoulou
(Hematology)

Second Year Resident
(Senior Assistants):
Marvin E. Cramer
Nancy E. Kemeny
Victor Lam
Robert D. Meringolo
Donald A. Pierce
Norbert J. Roberts, Jr.
Stuart D. Saal
Brian E. Scully

First Year Resident
(Junior Assistants):
Mohammed Attar
Bruce A. Cassidy
Martin J. Frankel
Richard J. Gralla
George Ho Jr.
Edward A. Killilea
Samuel J. Mann
Lawson A. Moyer III
John Severinghaus
Leonard E. Shelhamer, Jr.
Joseph J. Torre

Interns:
Marian A. Bruen
Alan N. DeCarlo
Joan B. Hacken
Thomas B. Hakes

Karen A. Hall
Richard M. Handwerger
John T. Herbert
David L. Hodes
Dennis G. Huskins
Edward B. Leahey, Jr.
Gunar G. Mezaraups
Alexander G. Myers
Ida M. Onorato
Richard A. Saunders
Carl S. Werne
James C. Wernz

Obstetrics and Gynecology

Fourth Year Residents:
Bhadra S. Shah
Bahram Shah-hosseini
Reza Shah-Hosseini
Mrudula Shukla

Third Year Residents:
Felipe F. Bozzo
Luc Jean Lemmerling
Anibal Montesinos
Olwen J. Wellington

Second Year Residents:
Walid K. Idriss
Bakhtaver Irani
Dolphi Kruger
Manfred A. Strott
Istvan P. Tornai

First Year Residents:
Hartmut Geisel
Behzad Satvat
Fa-Tsair Shieh
Norman Steinhauft
David Tsai

Pediatrics

Chief Resident:
Brenda L. Marino

Second Year Residents:
Chhaya Chakrabarti
Amelia Europa
Mohammed Iqbal

First Year Residents:
Mahshid Arfania-Assadi
Bangaru S. Babu
Johannes Lukito
Rosa T. Rivera
Irene K. Saroglou

Interns:
Ilie Balteanu
Steliana Naumescu-Oprescu
Shashi Sharma
Genoveva Tenorio
Ramnik R. Vora

Surgery

Fellow in
Renal Transplantation:
Danne R. Lorieo

Fourth Year Residents:
Frank Ferrero
Salem M. Habal
Robert E. Leader

Third Year Residents:
Sebastian Conti
Philip E. Gordon
Geoffrey Simon

Second Year Residents:
Harry Applebaum
Tarik H. Mardam-Bey
Antoine Munther
James E. Vaughan
Albert Wildstein

First Year Residents:
Donald M. Cristell
Wayne R. Dibble
Vincent G. Fietti
Stephen L. Harkavy
Farid Khoury
Charles A. S. Marrin
Howard T. Pfupajena
James C. S. Pollock

Interns:
John D. Bonanno
Gerald A. Halaby
Ceclia M. Johnson
Roy G. Kulick
David A. Kvam
Keun Yong Lee
Donald A. Leopold
G. Dennis Vaughan

Surgery, Plastic

Second Year Resident:
Somsak Tachajapong

First Year Resident:
Paul I. Tomljanovich

Anesthesiology

Third Year Residents:
Ana Maria Antunes
Elma Lou Arriola-Roda
H. B. Keshava
Simeon P. Manalili
Clairemon Reyes

Second Year Residents:
Concepcion Cabantac
Geronimo Canlas
Margarita Keh
Zdan John Korduba
Luzviminda Nuqui
Benjamin Sanidad

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Bayani de los Reyes
Alice Feniquito
Ansel Gomez
Tser-Fu Huang
Sein Lin
Mike Y. Tan
Eduardo Velez

Dentistry

Interns:
Jerry Bedor, D.D.S.
David A. W. Feiman, D.D.S.

Dermatology

Third Year Resident:
Roland M. Nesi

Second Year Resident:
Louis G. Lopyan

Ophthalmology

Third Year Resident:
Roy A. Levit

Second Year Resident:
Allen Z. Verne

First Year Resident:
Bernard J. Fowler

Oral Surgery

Second Year Resident:
Mark L. Gabrielson, D.D.S.

First Year Resident:
Warren Torchinsky, D.D.S.

Intern:
Perry S. Seider, D.D.S.

Orthopedics

Third Year Residents:
Edward L. Gallagher
James F. Lawsing
Stephen A. Wilson

Second Year Residents:
Jean-Charles Z. Gabrielian
William A. Unis

First Year Residents:
Wagdi Faris
William H. Mouradian

Otolaryngology

Fellow:
Mahmood Shahshahan

Third Year Resident:
Javed A. Beg

Second Year Resident:
Francis H. DiMaio

First Year Resident:
Gulshan K. Sahni

Pathology

Fourth Year Resident:
Paul Baron

Second Year Resident:
Taher Akhand

First Year Residents:
Sathyavagiswaran Lakshmanan
Arthur E. Palmara
Patricia Romano
Shirin Toloui-Tehrani

Administration

Psychiatry (Adult)

Third Year Residents:

Henry C. Mallard
Michael C. Piercey
Olin L. West

Second Year Residents:

Katherine Falk
Howard Millman
Keith Sedlacek
Victor Syrmis
Michael Trapido

First Year Residents:

Anastasios Georgotas
Robert E. Hall
Alan Kouzmanoff
Enrique Madrigal Segura
Charles Yackulic

Psychiatry (Child)

Second Year Residents:

John A. Fogelsman
William Koch

First Year Residents:

Cyrus Ayromlooi
Rima E. Laibow
Robert Williams

Radiology

Fellows:

Hsien Wen Ju
Hyon-u Lee (Ultrasound)

Chief Resident:

Paul W. Auston

Third Year Residents:

Charles R. Goldfarb
Robert T. Heelan

Second Year Residents:

Bruce J. Bowen
Gregory M. Carsen
Robert J. Mueller

First Year Residents:

Stephen Huang
Susan Tuck
Athanasios Zachos

Urology

Fellow:

Arumbi P. Subramaniam

Fourth Year Resident:

Abas Rezvani

Third Year Resident:

Harry S. David

Second Year Resident:

Philip C. Cea

First Year Resident:

Natvarial Patel

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Gary Gambuti

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(Nursing)

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(Grants Management)

Erwin O. Blair
(Communications)

Departments

Accounting:

Daniel F. Triglia
William Joyce

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Edward Megerian

Ambulatory Care:

Dorothy M. Roels, M.D.

Blood Bank:

Alice Maniatis, M.D.

Central Service:

Randolph Jurgenson

Data Systems:

Myron Buchak

Development/

Public Relations:

James P. May
Andrew McGowan

Employee Health Service:

Donald M. Dallas, M.D.

Fire/Safety:

Stephen Senft

Food Service:

Robert Nelson

Home Care:

Louise Candland

Housekeeping:

Jules Selles

Laundry:

Eugene Booker

Mail/Messenger:

Joe L. Taylor

Management Engineering:

William Staib

Medical Library:

Nancy Mary Panella

Medical Records:

A. Rose Taddonio

Medical Records Files:

Joyce Burns

Methadone Maintenance:

Paul Cushman, M.D.

Neighborhood Health

Service Program:

Janice Robinson

Nursing:

Ruth M. Dietz
Charlene Rubin

Personnel:

Richard DeChristoford
Vern Harwood

Pharmacy:

Hugo deCaprariis

Plant/Maintenance:

Francis X. Moran

Purchasing:

Michael DeMusis

Religious Services:

Rev. Carleton J. Sweetser

Security:

Peter Fleming

Social Service:

Elizabeth M. Kurtz

Telephone:

Dolores M. Addison

Volunteers:

Sarah Galanakis

West Side

Rehabilitation Center:

Francisco DeSilva

(as of January 1, 1974)

St. Luke's Hospital Center

is accredited by:
The Joint Commission
on Accreditation of Hospitals

is affiliated with:
Columbia University
 School of Dental and Oral Surgery
 School of Nursing
 The College of Physicians and Surgeons

is a member of:
The American Association of Medical Colleges,
 Council of Teaching Hospitals
The American Hospital Association
The American Protestant Hospital Association

is a member of:
The Hospital Association of New York State
The Greater New York Hospital Association
The United Hospital Fund
United Fund of Greater New York
Welfare Council of the City of New York

is a participating hospital in the master plan
for hospitals and related facilities of
The Health and Hospital Planning Council
of Southern New York

is approved for intern and/or resident
training in the specialties as follows:
Anesthesiology, Cardiology, Psychiatry,
Dentistry, Dermatology, Internal Medicine
Obstetrics and Gynecology, Ophthalmology,
Oral Surgery, Orthopedic Surgery,
Otolaryngology, Pathology, Pediatrics,
Plastic Surgery, Psychiatry, Radiology,
Surgery, Urology.

and accredited by:
The National Association
of Clinical Pastoral Education

Outpatient Department Clinics

Acute Care, Allergy (adult-child), Arthritis,
Cardiac (adult-child), Chemotherapy, Dental,
Dermatology, Diabetes, Diet, Ear, Nose and
Throat, Endo-thyroid, Emphysema, Eye,
Family Planning, Fracture, Gastro Intestinal,
Gynecology, Gynecology Followup,
Gynecology Tumor, Hand, Hematology,
Hypertension, Immunology, Infertility-
Endocrinology, Medical, Medical Screening,
Neurology (adult-child), Neurosurgery,
Newborn Followup, Orthopedic, Pediatric,
Pediatric Surgery, Plastic and Cleft Palate,
Post Partum, Prenatal, Pressure Breathing,
Psychiatry (adult-child), Radiation Therapy,
Rectal, Rehabilitation Medicine, Special
Obstetrics, Surgical, Urology, Transplantation.



Chromosome analysis, through which genetic abnormalities that cause congenital disorders such as mongolism are detectable, was a new testing procedure added to the diagnostic capabilities of the clinical laboratories at St. Luke's in 1973.





The well-equipped and staffed coronary care unit was expanded last year to include an area, fittingly referred to as progressive care, where patients who have successfully weathered the acute stage of illness are relieved of the psychological stresses that often follow coronary attacks.

Involved in Leadership

All organizations, even those like hospitals, which seek means to provide people with opportunities for a better life, require form and structure. At St. Luke's the Medical Board provides the voice and the conscience of medicine. Fortunately, we are able to draw on the example of excellence our predecessors have given us.

The physician at St. Luke's, and in voluntary hospitals all over the Country, has developed a new interest in and familiarity with the governance of our health care institutions. The physician is more deeply involved in leadership and is more aware of the roles of trustees, administrators and consumers of medical services.

—

Governmental pressure for productivity at reasonable cost is placing heavy demands on the physician. Our own Medical Board is responding by developing criteria for utilization of hospital facilities that can meet the sternest of tests. We have established a Professional Standards Review Organization, based on the established criteria of our medical audit and utilization committees. We will draw on long years of experience and a spirit of dedication to establish and implement the highest standards, which will honor the profession and aid the public goal of quality health care, rendered equitably and economically. Government policy demands that developing standards and making judgments about professional medical decisions is in the physician's governance sphere.

—

The Medical Board is also examining the possibilities for a Health Maintenance Organization within the St. Luke's framework. This exciting trend,

which is essentially an expansion of the group practice idea, owes its origins to such plans as one finds in the Kaiser-Permanente Hospitals of California. Of course, all the unique problems of our urban setting, our tradition of clinical excellence and our teaching-research commitments will be looked at as we try to find a form that meets our and the community's need. It is apparent that, properly formulated, such a plan could place St. Luke's as the focus of such an activity for the entire Morningside area. Federal funding, now a reality, could serve to provide great support for the Hospital Center's future, both as a medical education center and as a community health services supplier. This matter has been given the highest priority by the Medical Board.

—

We are in an era when the groups that compose the health network are seeking to define the areas of responsibility. Naturally enough there are areas of disagreement as health care workers, managers, para-professionals, nurses, trustees, doctors, health care consumers and their public spokesman seek to carve out spheres of influence.

Our Medical Board has striven to reassert its role in professional matters. It has instituted some important organizational changes and hopes for others. Representation on the Board of Trustees by leading active staff-members is an objective we are pursuing, and which the American Hospital

continued overleaf

Association supports. Candid discussions have produced an aura of mutual understanding that is heartening to all.

—
In 1973 a Medical Board office was established in the administrative suite. This unified the efforts of the board officers and committee chairmen and lends credence and emphasis to the new spirit of involvement of the staff's physicians in the government of their hospital.

Continued proficiency in providing care for drug addicts, alcoholics and emergency services for our community is a gratifying activity for our staff as is the growing relationship with Columbia University.

—
Despite the continuing economic depression in hospital finances, our physicians made a number of inroads in the battle against disease. Our efforts to find health and provide the opportunity to enjoy the good life for our patients extend beyond the mechanical rendering of health care and are meeting with measured success.

The reaction of our administration and medical staff, coupled with the spirit of our nursing, volunteer and

1973 Statistics

Patient days	
adults	238,450
nursery	11,645
Admissions	22,382
Births	1,778
Per cent occupancy	84.3
Average stay	
(excluding newborn)	10.7
Emergency room visits	87,979
Outpatient visits	174,512
Neighborhood	
Health Service visits	64,114
Home care admissions	886
Hemodialysis treatments	3,900
Diagnostic x-rays	92,167
Radiation therapy treatments	6,251
Rehabilitation Medicine visits	24,497
Open heart operations	331
Blood transfusions	8,000
Kidney transplants	25
(as of May 1974):	
Personnel on staff	3,237
Beds	742
Bassinetts	70

para-medical personnel in the difficult period of the Union strike in November, was heart-warming.

—
There is much still to be done. But, with candidness among all authorities, it appears that our institution is well-armed to bear the problems and demands of the coming year.

I am grateful to the Medical Board for the honor of serving as president and for the cooperation of the physicians, trustees, nurses and administrators in such trying times. With new-found motivation, future difficulties will more easily be solved.

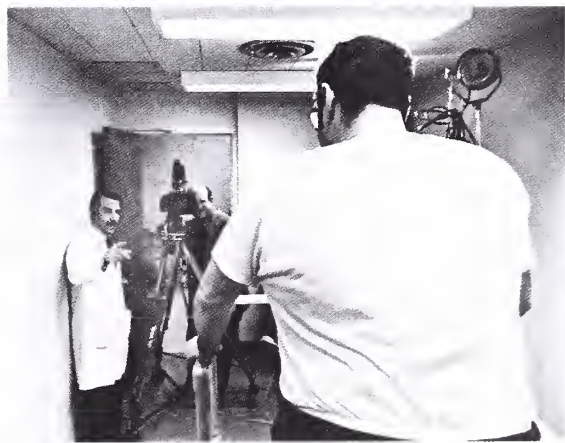
May I offer a special acknowledgment for work well-done to Vice President Bell and Secretary Kanick for their counsel, cooperation and diligence. ■

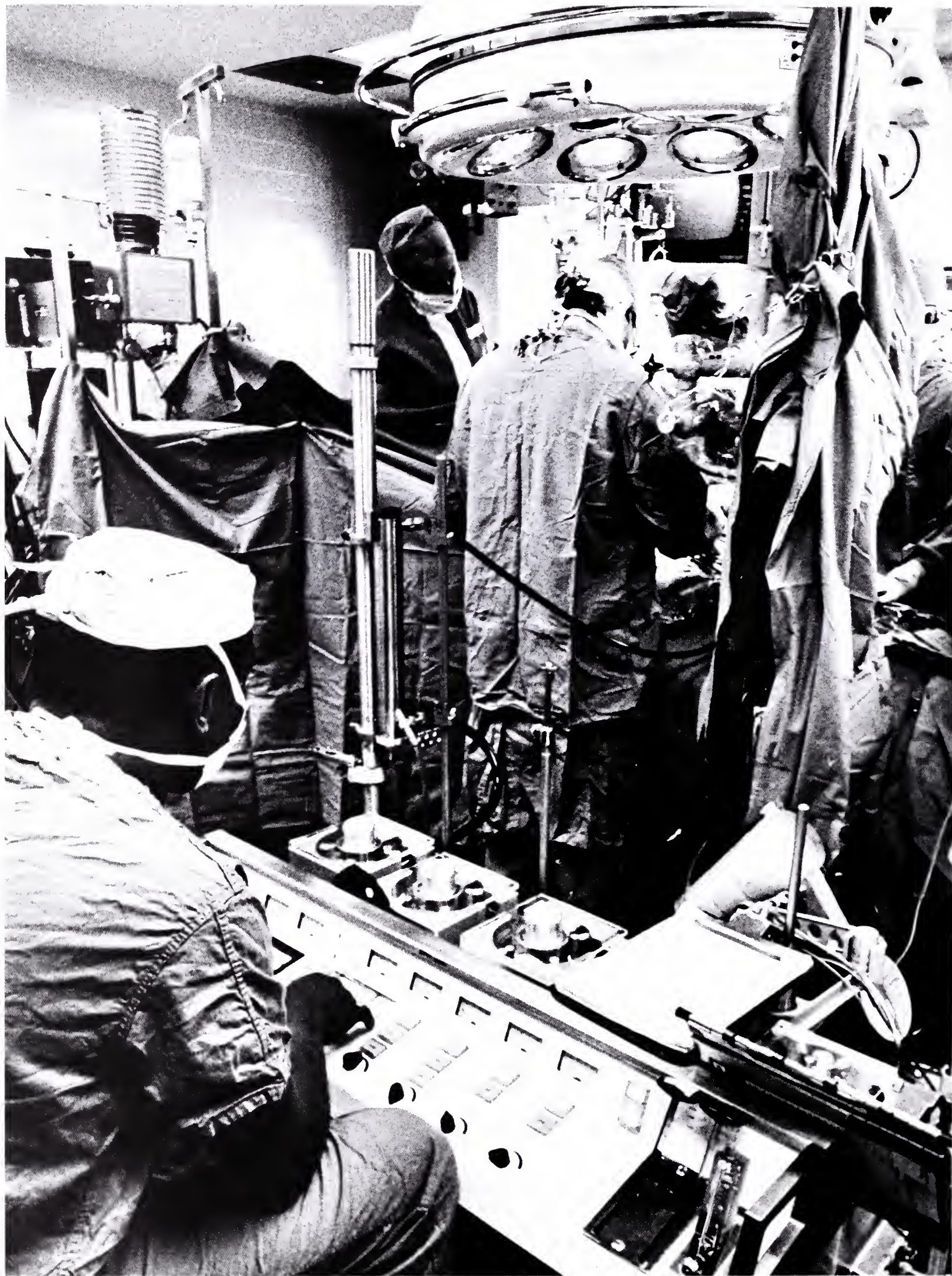


W. Graham Knox, M.D.



The joint St. Luke's-Columbia University Institute of Human Nutrition is a nationally prominent teaching and research center for obesity. Researching food intake control and the metabolism of body fat were main areas of inquiry in 1973.





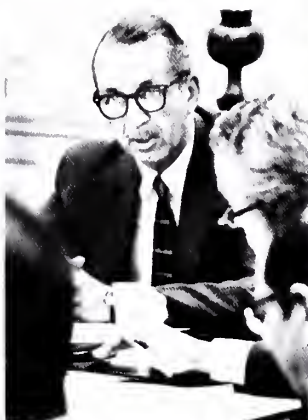
It takes money to create health. This operating room where St. Luke's surgeons perform complicated open heart procedures is an example of the huge investment in health care and its delivery.

People who are 'the picture of health' are ample reward for those who have invested in health through gifts to St. Luke's. However, the need for new partners in the healing mission is greater now than ever before as the cost of rendering care increases more quickly than do sources of revenue.

You can help bring the bloom of health to many thousands by contributing to the work of the Hospital Center.

Information on giving opportunities is available from the Executive Vice President, St. Luke's Hospital Center, Amsterdam Avenue at 114 Street, New York, N.Y. 10025.

Gifts to the Hospital Center are deductible as charitable contributions from federal income taxes.



St. Luke's Hospital Center, New York, N.Y. 10025

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Assistant Board, Woman's Hospital

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2nd Vice President: Mrs. John Espy Treasurer: Mrs. Oscar J. Weldon

Recording Secretary: Mrs. Leland B. Henry

Corresponding Secretary: Mrs. Robert Hamilton

